

Flathead County

Planning & Zoning

1035 1st Ave W, Kalispell, MT 59901 Telephone 406.751.8200 Fax 406.751.8210

FINAL PLAT APPLICATION

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.

	FEE ATTACHED \$		
SUBDIVIS	SION NAME:		
OWNER(S	e) OF RECORD:		
Name:	Phone:		
Mailing Ad	ddress:		
City, State	e, Zip:		
Email:			
TECHNIC	AL/PROFESSIONAL PARTICIPANT(S):		
Name:	me:Address:		
Phone:	e: Email:		
Name:	ne:Address:		
Phone:	Email:		
Date of P	reliminary Plat Approval:		
	ry Plat FCPZ File #:		
Name of l	Preliminary Plat:		
Type of S	ubdivision: ResidentialIndustrialCommercialPUDOther		
No. of Lots	s Proposed Parkland (ac.)		
Land in P	roject (ac.) Cash-in-Lieu \$		
Legal Des	cription : S T R Exempt		
	able items required by <i>Appendix E: Contents of the Final Plat</i> of the Flathead ubdivision Regulations must be submitted with the application for final plat.		
Plats:	2- "24 X 36" mylars 1- "24 X 36" paper copy 1 – "11 X 17" paper copy		

The plats must be signed by all owners of record, the surveyor, and examining land surveyor.

A cover letter that lists each condition of preliminary plat approval and individually states how each condition has specifically been met, MUST be included upon submitting the final plat application. In cases where documentation is required, such as an engineer's certification, State Department of Health certification, etc., <u>original</u> letters shall be submitted. Blanket statements stating, for example, "all improvements are in place" are not acceptable.

A complete final plat application for a **major** subdivision must be submitted no less than **45 working days** prior to expiration date of the preliminary plat.

A complete final plat application for a **minor** subdivision must be submitted no less than **30 working days** prior to expiration date of the preliminary plat.

When <u>all</u> application materials are submitted, and the staff finds the application is complete, staff will submit a report to the governing body. Incomplete submittals will not be accepted and will not be forwarded to the governing body for approval. Changes to the approved preliminary plat may necessitate reconsideration by the Planning Board.

I certify that all information submitted is true, accurate and complete. I understand that incomplete information will not be accepted and that false information will delay the application and may invalidate any approval. The signing of this application signifies approval for FCPZ staff to be present on the property for routine monitoring and inspection during the approval and development process.

**NOTE: Please be advised that the County Clerk & Recorder requests that all subdivision final plat applications be accompanied with a digital copy.

Owner(s) Signature	Date	

- 1. Exterior boundary of subdivision
- 2. Lot or park boundaries
- 3. Easements
- 4. Roads or rights-of-way
- 5. A tie to either an existing subdivision corner or a corner of the public land survey system

^{**}A digital copy of the final plat in a Drawing Interchange File (DXF) format or an AutoCAD file format, consisting of the following layers: